FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Ameno	ecl		
1. File Number U-217 2	2. Fiscal Year Covered From:		
,	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name David Heindel	Name United Industrial Workers		
	Labor Organization File Number 000-364		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 44945 Shore Drive	Street 5201 Auth Way		
City Tall Timbers	City Camp Springs		
State Maryland ZIP Code + 4 20690	State Maryland ZIP Code + 4 20746		
5. Position in labor organization. Secretary Treasurer Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name :			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City	·		
State ZIP Code + 4			
Signature			
	y of Perjury and other applicable penalties of the law, that all of the information		

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number

Name of Person Filing David Heindel	Fil	le Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Buckbinder Tunick & Company	\sim		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 6116 Executive Blvd.	c. Employer		
City Rockville			
State Maryland ZIP Code + 4 20852			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Accounting Services		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		,	
Street	44 h. Annusius de dell'accione	f such dealing. \$27,918	
City	11.b. Approximate dollar value of12.a. Nature of interest held or	- v AVA b . W . V	
State ZIP Code + 4	Dinner for self and		
'	1		
	1		
		A.M.	
	12.b. Amount.	\$180,	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Seafarers Vacation Plan		iad directly by the Seafarers nt unknown) in connection with	
Trade Name, if any:	1		
P.O. Box, Bldg., Room No., if any			
Street 5201 Auth Way			
City Camp Springs			
State Maryland ZIP Code + 4 20746			
13.b. Is the Business an Employer ★ or Consultant ?	14.b. Amount of payment.	,	
of consultant		`\- <u></u>	

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READ THE INSTRUCTIONS CAREFU	JLLY BEFORE PREPARING THIS REPORT.
E	i
Amended	4
1. File Number U -	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name David Heindel	Name Seafarers International Union of North America
	Labor Organization File Number 000-014
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 44945 Shore Drive	Street 5201 Auth Way
City Tall Timbers	City Camp Springs
State Maryland ZIP Code + 4 20690	State Maryland ZIP Code + 4 20746
5. Position in labor organization. Secretary Treasurer	
	or derived income or other economic benefit of attion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	i i
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	!
Street	7.b. Amount.
City	
State ZIP Code + 4	The second secon
	gnature
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed	on 7/11/05 301-888-0625
the state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Telephone Number

Name of Person Filing David Heindel	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Buckbinder Tunick & Company	V
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	. b. Hust
Street 6116 Executive Blvd.	i o. Employa
City Rockville	
State Maryland ZIP Code + 4 20852	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Accounting Services
Name	Accounting Services
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$10,180
City State ZIP Code + 4	12.a. Nature of interest held or income received. Dinner for self and spouse.
State ! ZIP Code + 4 [1
	12.b. Amount. \$180
C. Received from any employer (other than an employer covered under	
or from any labor relations consultant to an employer any payment of money	or other thing of value. 14.a. Nature of payment.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	Hotel and arifame piad directly by the Seafarers Vacation Plan (amount unknown) in connection with
Name Seafarers Vacation Plan	trustees meetings.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 5201 Auth Way	
City Camp Springs	
State Maryland ZIP Code + 4 20746	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.
E 114 00 (0000)	<u> </u>

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E	LY BEFORE PREPARING THIS REPORT.
Amendo	
1. File Number U	2. Fiscal Year Covered From:
	1 / 1] / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name David Heindel	Name Seafarers International Union, AGLIWD
	Labor Organization File Number 052-789
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street :44945 Shore Drive	Street 5201 Auth Way
City Tall Timbers	City Camp Springs
State Maryland ZIP Code + 4 20690	State Maryland ZIP Code + 4 20746
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	ion represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
r.o. box, blug., room roc., ii aliy	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perium and other applicable penalties of the law, that all of the information

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Buckbinder Tunick & Company		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 6116 Executive Blvd.		
City Rockville		
State Maryland ZIP Code + 4 20852		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Accounting Services	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. \$103, 928.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Dinner for self and spouse.	
	·	
	i.	
	12.b. Amount. \$180	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Hotel and arifare piad directly by the Seafarers	
Name Seafarers Vacation Plan	Vacation Plan (amount unknown) in connection with trustees meetings.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 5201 Auth Way		
City Camp Springs		
State Maryland ZIP Code + 4 20746		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment,	

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Ameno	ed
1. File Number U -	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name David Heindel	Name Seafarers Entertainment & Allied Trades Union
	Labor Organization File Number 540-032
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 44945 Shore Drive	Street 5201 Auth Way
City Tall Timbers	City Camp Springs
State Maryland ZIP Code + 4 20690	State Maryland ZIP Code + 4 20746
5. Position in labor organization. Secretary Treasurer	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	!
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number

Name of Person Filing David Heindel	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Buckbinder Tunick & Company		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 6116 Executive Blvd.		
City Rockville		
State Maryland ZIP Code + 4 20852		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Accounting Services	
Trada Nama if any		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. \$12,728	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Dinner for self and spouse.	
	12.b. Amount. \$180	
C. Received from any employer (other than an employer covered unde	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Hotel and arifare piad directly by the Seafarers	
Name Seafarers Vacation Plan	Vacation Plan (amount unknown) in connection with trustees meetings.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 5201 Auth Way		
City Camp Springs		
State Maryland ZIP Code + 4 20746		
13.b. Is the Business an Employer 🔀 or Consultant ?	14.b. Amount of payment.	